

03500.013052.1



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
SHIGERU UEDA ) : Examiner: J. Grant, II  
Application No.: 09/985,710 ) : Art Unit: 2626  
Filed: November 6, 2001 ) :  
For: IMAGE INPUT-OUTPUT APPARATUS )  
AND METHOD THEREFOR : July 9, 2004

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JUL 16 2004

Technology Center 2600

Commissioner for Patents  
Mail Stop: Amendment  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated April 9, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

\_\_\_\_\_  
July 9, 2004  
(Date of Deposit)

\_\_\_\_\_  
Leonard P. Diana (Reg. No. 29,296)  
(Name of Attorney for Applicants)

\_\_\_\_\_  
*LP. Diana*  
(Signature) \_\_\_\_\_  
July 9, 2004  
(Date of Signature)



2626

In re Application of:  
SHIGERU UEDA

Application No.: 09/985,710

Filed: November 6, 2001

For: IMAGE INPUT-OUTPUT APPARATUS AND  
METHOD THEREFOR

Docket No. 03500.013052.1

Examiner: J. Grant, II

Group Art Unit: 2626

Date: July 9, 2004

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 20	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

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- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$ \_\_\_\_\_ is enclosed.
- Charge \$ \_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$ \_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.
- A check in the amount of \$ \_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Leonard P. Diana  
Attorney for Applicant  
Leonard P. Diana  
Registration No. 29,296

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